

PART B - FEE TRANSMITTAL

142-1250.00

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
<p style="text-align: center;">ESM1/0226</p> <p>FITZPATRICK, CELLA, HARPER & SCINTO 277 PARK AVE. NEW YORK, NY 10172</p>		INVENTOR'S NAME Street Address City, State and ZIP Code	CO-INVENTOR'S NAME RECEIVED Publishing Division Street Address City, State and ZIP Code
<input type="checkbox"/> Check if additional changes are on reverse side CP			

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
88/023 918	02/26/93	087	NGUYEN, T	2507 02/26/
First Named Applicant				
SCHOFIELD,		KENNETH		

TITLE OF INVENTION
AUTOMATIC REARVIEW MIRROR SYSTEM USING A PHOTODIODE ARRAY

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
2	690-2200	359-604.000	1112	UTILITY	NO	\$1250.00	05/28/

3. Correspondence address change (Complete only if there is a change)		4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.	
		1 FITZPATRICK, CELLA, 2 HARPER & SCINTO 3	

DO NOT USE THIS SPACE

810 BL 06/14/96 0803916
B2017L 06/12/96 06/18/96 08023918
8101 FAI 06/12/96 08023918

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____	
(1) NAME OF ASSIGNEE: DONNELLY CORPORATION		6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 06-1205 (ENCLOSE PART C) <input type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies Ten (10) <input type="checkbox"/> Any Deficiencies in Enclosed Fees	
(2) ADDRESS: (CITY & STATE OR COUNTRY) Holland, Michigan		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) <i>[Signature]</i> (Date) Reg. No. 31,588 5/28/96	

- A. This application is NOT assigned.
 Assignment previously submitted to the Patent and Trademark Office.
 Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.